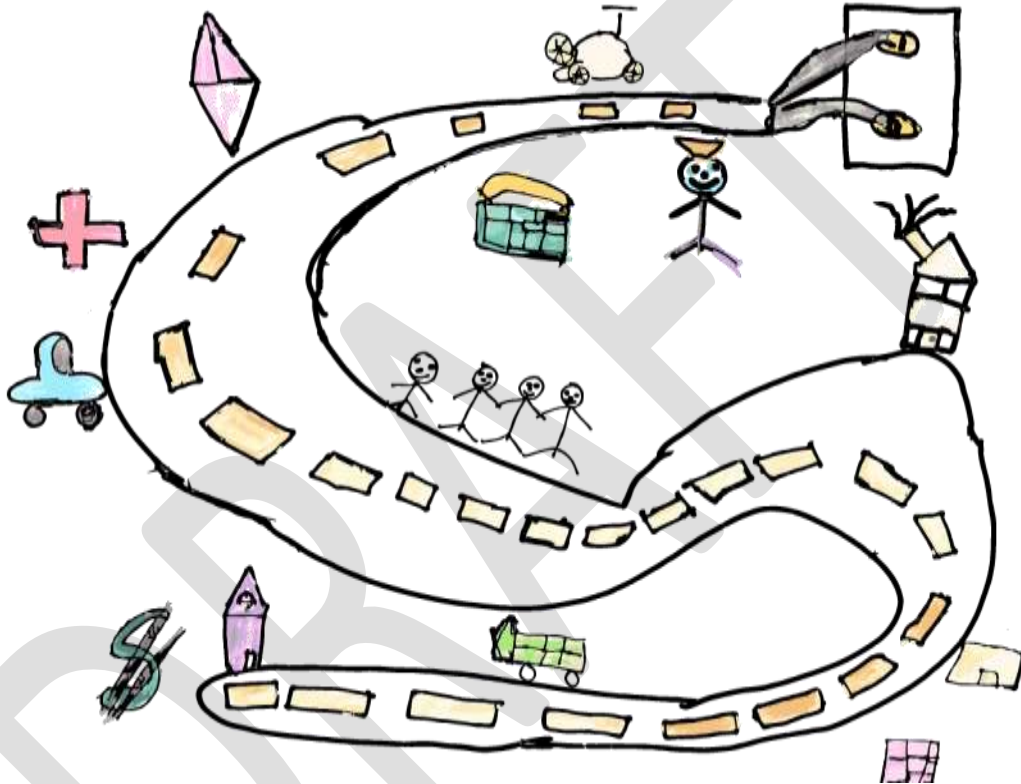


Department of Health & Human Services

Office of Aging & Disability Services



SUPPORTING INDIVIDUAL SUCCESS

Supports Intensity Scale

Policy & Procedure Manual

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Definitions

Appeal is a process initiated when MaineCare services provided to an Individual may be reduced or taken away, and an Individual does not agree with the decision. An Individual might appeal if the decision affects their health or safety, or if it means they will not receive services that are in a Person Centered Plan. An appeal needs to be filed within 10 days after receipt of notification.

Grievance is a complaint. A grievance can be about an action or inaction of DHHS. It can be about a person or agency providing services or supports. A grievance can be about a violation of rights. Or it can be about unhappiness with current services or supports. Grievances include the denial of services or supports relating to a Person-Centered Plan (PCP) or other planning process. A grievance can be about violations of law, or about rules that DHHS are required to follow. A grievance cannot be filed around eligibility for developmental services. If an Individual has been denied eligibility for developmental services and disagrees with the decision, they can also file an appeal.

Extraordinary Review Committee (ERC) is the committee designated by the Office of Aging and Disability Services (OADS) to review all Major Life Review Requests and Extraordinary Support Requests as outlined in the SIS Policy contained in this manual. The ERC will be comprised of OADS staff with a variety of expertise and background and in some cases will include contracted experts for consult as needed.

ME-Verify Portal is the web-based secure online database provided by Human Services Research Institute (HSRI) and contracted with OADS for use to track and update reviews completed by the SVT team in reference to Supplemental Questions.

Respite Services is provided to an Individual unable to care for him/herself that are furnished on a short-term basis because of the absence or need for relief of those persons who normally provide care for the Individual. Respite may be provided in the Individual's home, provider's home or other location as approved by a respite agency or DHHS; example, a motel in the case of an emergency.

SIS Manager is the designated person employed by the Office of Aging and Disability Services that will manage incoming SIS Requests, organize and manage the Extraordinary Review Committee and the Supplemental Verification Team, and liaise with district operations across the state in relation to the SIS.

SIS Venture is the web-based secure online database provided by AAIDD through contract with OADS that tracks, stores and compiles all SIS Assessments completed by SIS interviewers and provides detailed reports, data and information to Interviewers for the completion and process of the SIS interview and for sharing with the Individual, Guardian and Case Manager as appropriate.

Supplemental Questions are the questions asked at every SIS assessment to help determine if an Individual may have a higher support need not captured through the general SIS assessment due to four primary areas: Severe Medical Need, Severe Community Safety Risk Non-Convicted, Severe Community Safety Risk Convicted and Severe Risk of Self Injury. This is outlined further in the SIS Policy within this manual.

Supplemental Verification Team (SVT) is the team comprised of OADS staff created to review those Individuals who through a SIS assessment have triggered a Supplemental Question that indicate they may have a higher need not captured initially in the SIS assessment score. This team reviews case documentation to verify responses to the supplemental questions indicating extraordinary level of needs for Individuals as described in the SIS Policy outlined in this manual.

Supporting Individual Success is the name for Maine's initiative to use a standardized assessment to implement a resource allocation model. Individuals with intellectual and developmental disabilities will be interviewed using a tool called the Supports Intensity Scale. The results of the assessment, along with other information will be used to develop individual budget amounts for Individuals to use during the Person Centered Planning process. Each Individual will have choice in the service array, within their individual budget. Supporting Individual Success reflects the core values of the Office of Aging and Disability Services including self-direction, personal choice and community inclusion.

Supports Intensity Scale (SIS) is a nationally recognized, valid and reliable assessment tool developed by the American Association on Intellectual and Developmental Disabilities (AAIDD). The SIS focuses on a person's daily support needs and is strengths-based.

DRAFT

State of Maine-Department of Health & Human Services Office of Aging and Disability Services Policy and Procedures		
TITLE: ADMINISTRATION OF THE SUPPORTS INTENSITY SCALE		POLICY NO: SIS-01
RESPONSIBILITY: SIS Unit	DATE APPROVED: DATE REVISED: 7.24.14	PAGE (S): 5-18 FORMS: 100,101

PURPOSE:

To develop policy and procedure for the administration of the Supports Intensity Scale (SIS) to include who participates in the interview, how the interview is conducted, protocol for cancellations, finalization of SIS assessments and notification of results.

POLICY:

The Supports Intensity Scale (SIS) is the Department's approved assessment tool for determining the support needed by Individuals with Intellectual and Developmental Disabilities who are receiving services through the Department. While an Individual's level of Intellectual or Developmental disability has traditionally been measured by an Individual's deficits, the SIS shifts the focus to the supports needed to live independently in the community. The assessment is conducted by a trained and certified AAIDD interviewer through an interview process with the Individual and other Respondents who know the Individual well.

Interviews will be conducted by the Department or its Authorized Agent whenever an Individual:

- Is determined eligible to receive Section 21 HCBW Services or is on the waitlist for Section 21 HCBW Services
- Is receiving Section 21 HCBW Services and a reassessment is due for continuation of Section 21 HCBW Services (at least once every 36 months/3 years).
- Is receiving Section 21 HCBW Services and a reassessment is deemed necessary due to a Major Life Change that will affect the person's support need for more than six (6) months.

The Department has determined that the SIS is the assessment tool that will be used to assess Individuals looking for assistance through Section 21 HCBW Services. To be determined eligible for services an Individual must participate in a SIS interview.

At the completion of a SIS Assessment the Interviewer will have five (5) business days to enter the final SIS scores into SIS Online and finalize the assessment. Within ten (10) business days of the SIS Interview being completed the SIS Interviewer will notify the Case Manager of the results and provide a copy of the result in the Family Friendly Version of the SIS Assessment. The Case Manager will then have seven (7) business days to provide the outcome of the SIS assessment to the Individual and/or the Guardian.

After a SIS Assessment has been finalized an Individual is assigned a SIS Score that relates to their subsequent level assignment between levels one (1) and five (5) based on their support needs. The level assignment will correlate to an individual budget that the Individual will use to guide their service choices.

PROCEDURES:

The SIS interview is conducted in accordance with the guidelines specified in the Supports Intensity Scale: User's Manual and through training provided by American Association on Intellectual and Developmental Disabilities (AAIDD) SIS trainers.

In general a SIS interview will be between one-three (1-3) hours in duration, conducted in a group setting and completed in one (1) session.

I. Process for scheduling the SIS interview

It is the responsibility of the Case Manager for an Individual to make a request/referral to the Department or its Authorized Agent when an Individual needs a SIS assessment, outlined in the instances described above.

A new SIS assessment must be requested one hundred and fifty (150) days prior to the end of the three year (36 months) period following the most recent regularly scheduled SIS assessment to allow time for completion prior to the planning process.

The Department or its Authorized Agent will respond and schedule the renewal SIS Assessment within thirty (30) days of the referral made by the Case Manager.

A. Case Manager Role & Responsibilities

The Case Manager is responsible for providing the Individual and his/her guardian with preliminary information about the interview and securing a release of information (ROI) for the distribution of SIS results. The Case Manager will:

- Respond to the SIS Interviewer/Scheduler's initial communication within 10 business days so that the SIS Interviewer/Scheduler can schedule the meeting.
- Contact the Individual and/or Guardian to explain the SIS interview.
- Ask the Guardian if he/she wishes to participate in the interview. Guardians must be notified about SIS interviews, but their participation is not required.
- If the Guardian(s) does not wish to attend a SIS Interview it is required that their wish for the interview to proceed without them is obtained in writing. This can be communicated by email, letter or verbal consent provided to the Case Manager provided there is at least witness present to receive verbal consent and document this.
- In consultation with the Individual and/or the Guardian; the Case Manager will provide several possible respondents and their contact information to the Interviewer/Scheduler. Respondents must know the Individual well and have known them for a minimum of three months. A single respondent from each service area is preferred.
- Invite the Individual and encourage them to attend at least part of the interview. If the Individual cannot attend the interview, the Case Manager must provide contact information to the Interviewer/Scheduler to allow for arrangements to be made when the

Interviewer can observe the Individual in his or her natural setting prior to the interview.

- Identify an Individual's primary means of communication and how to best accommodate the Individual and provide this information to the Interviewer/Scheduler to make any necessary accommodations.
- Secure the release of information (ROI) form from the Guardian or Individual and fax the signed ROI to the SIS interviewer and/or bring it to the interview.
- Case Managers must participate in all initial SIS interviews. For subsequent SIS Assessments and renewals, the Case Manager's participation will be decided in coordination with the assigned Casework Supervisor. It is not required that a Case Manager attend all SIS assessments and renewals after the initial SIS Assessment.

B. Interviewer/Scheduler Role & Responsibilities:

Once an Individual has been identified as needing a SIS interview and the Department or its Authorized Agent has received the referral/request from the Case Manager the Interviewer/Scheduler will:

- Contact the Case Manager and explain the process around scheduling the interview. Request information about the Individual, Guardian and possible Respondents so that they can be contacted to set up the meeting.
- Consult with the Case Manager if the Guardian has been notified of the SIS assessment and if they will be participating in the Interview.
- Consult with the Case Manager about any accommodations needed for the Individual or Respondents in regards to communication, meeting setting and location for planning purposes.
- Refer the Case Manager to the website for the most current information to share with the Individual and providers.
<http://www.maine.gov/dhhs/oads/disability/ds/sis/index.shtml>
- Discuss with the Case Manager the responsibilities around providing a signed release of information prior to the start of the SIS Assessment.
- Provide the SIS Brochure to the Case Manager to provide to the Individual, Guardian and/or family. The SIS Brochure can be found at:
<http://www.maine.gov/dhhs/oads/disability/ds/sis/documents/SIS-brochure.pdf>
- In consultation with the Case Manager the Interviewer/Scheduler will contact several possible respondents to attend and participate in the interview.
- Respondents must know the Individual well and have known them for a minimum of three months. A single respondent from each service area is

preferred.

- Remind respondents that no electronics may be used during the SIS interview. Cell phones, pagers, recording devices, and laptops distract the group and disrupt the interview process.
- Advise service agencies that respondents must not be “on-call” during the interview. Respondents must be available to participate in the SIS for the full duration of the interview.
- Select a location for the interview that provides uninterrupted privacy for the Individual and respondents. The location needs to be accessible and accommodate the needs of the group.
- Contact the Case Manager, Individual served, Guardian, and all other respondents with the selected date, time, and location of the interview within 7 days of scheduling.
- Ask the Individual and/or Guardian if an observer may attend at least 24-hours prior to scheduled SIS interview. If approved, observers may sit-in on the interview but must not participate. This can be communicated by email, letter or verbal consent provided to the Case Manager provided there is at least witness present to receive verbal consent and document this.

C. Guardians Role (when applicable):

- The Guardian(s) for an Individual should be closely involved in the SIS Interview scheduling and assessment process with clear input into the development of the team of Respondents.
- If there is more than one Guardian assigned to an Individual, all Guardians should be notified of the SIS Interview process and invited to participate.
- If a Guardian(s) does not wish to attend a SIS Interview it is required that their wish for the interview to proceed without them is obtained in writing. This can be communicated by email, letter or verbal consent provided to the Case Manager provided there is at least witness present to receive verbal consent and document this.

II. Rescheduling/Cancellation:

Rescheduling will be considered only for the following issues:

- The Individual served will not attend the interview and the Interviewer has not been able to observe him/her in a natural setting prior to the interview,

- The Individual served is ill or in extreme distress.
- A signed release of information by the Individual and/or Guardian is not provided by the Case Manager prior to the interview and cannot be signed at the beginning of the interview.
- Inclement weather prevents traveling to the interview site, and/or
- Guardian(s) plan to attend but are unable to do because of similar reasons above and do not want the meeting to occur without them.

A scheduling conflict on the part of the Case Manager and/or one of the respondents is not sufficient reason for cancelling the SIS interview. Cancellation is requested 48 hours prior to the interview to minimize unnecessary travel.

A. Emergency cancellation by the Individual being served:

The Individual or the Individual's Guardian will contact the Interviewer/Scheduler as soon as possible to determine if the SIS interview can or should be held. The Interviewer/Scheduler will contact the respondents as soon as possible to let them know the decision.

B. Emergency cancellation by the interviewer:

If possible, the Interviewer will contact another Interviewer to conduct the interview in his or her absence. If this is not possible, the Interviewer will contact the Case Manager and other respondents to notify of the cancellation.

C. Cancellation by a respondent:

The respondent will notify the Interviewer/Scheduler who will determine if there are still enough respondents (generally at least 2 people in addition to the Individual) and the assessment will continue. In some cases, the Interviewer/Scheduler may consult with the Case Manager about other respondents that could fill in.

D. Failure to Produce Release of Information:

It is vital as part of the completion of the SIS Assessment process that the SIS Interviewer has a current signed Release of Information on file so that SIS results from the assessment can be shared with the Individual, Guardian and providers as indicated in the release and also due to timeframes around person centered planning and individual budget allocation.

III. Interview criteria

A. Who should participate?

- The Individual served. The Individual is always considered a Respondent even if he/she cannot respond. The Individual who is the focus of the interview is

strongly encouraged to attend. If the Individual cannot attend, the Interviewer MUST meet and observe the Individual prior to the interview. The Individual should be observed in his/her natural setting attempting a variety of Daily Living Activities.

- The Case Manager is required to attend all initial SIS Assessments for an Individual served. For all subsequent SIS assessments the Case Manager's attendance will be decided in conjunction with the Casework Supervisor.
- There must be at least two (2) respondents in addition to the Individual served throughout the interview. In rare circumstances, when the Individual served is actively answering all interview questions, the Individual and as few as one (1) other respondent may make up the full group of respondents. The group of respondents may include:
 - A guardian, spouse or other family member
 - A staff person from residential support program,
 - A staff person from a community support program,
 - A staff person from an employment/work support program,
- All respondents should have worked or known the Individual for three (3) or more months and respondents from paid support providers will be preferably be direct service staff.

B. Who Will Conduct the Interview?

The SIS interview will be conducted by a certified Interviewer employed by the Single Assessing Agency designated by the Department who is trained and endorsed to conduct SIS interviews by the American Association of Intellectual and Developmental Disabilities (AAIDD).

For more information about qualifications and quality assurance of interviewers please refer to Policy SIS-03 – Quality Assurance of SIS Interviewers.

C. How Should Respondents Prepare?

- Respondents should plan to spend between one and half hours (1½) and three and half (3½) hours participating in the interview.
- Respondents should come to the interview prepared to talk about the types of supports the Individual needs to be successful in current and potential situations.
- Respondents will not be able to use any outside electronics during the interview.

D. Location

The Interviewer/Scheduler will select a location that is both private and accessible, such as a private space at the Individual's home, at a church, at an agency or DHHS meeting room. Public spaces such as restaurants are not private enough for the purpose of an interview.

E. Standard Interview Protocol

On the day of the meeting, the Interviewer will:

- Facilitate introductions and pass around the sign in sheet (SIS Form 101)
- Explain that respondents can ask for breaks and the Individual can leave the interview if necessary.
- Explain the SIS interview.
- Explain each respondent's role.
- Explain the SIS score sheet for each section of the SIS.
- Complete the interview.
- Give respondents an opportunity to ask questions.
- Explain how SIS interview results will be distributed.
- At the close of the interview, review the interview protocol checklist and ask all respondents to sign the checklist, indicating that the required steps were followed. (SIS Form 100)
- Explain that the Individual or the Individual's Guardian may request a review of the SIS Interview process if they believe the standard interview protocol wasn't followed. Please see SIS Policy-03 Request for Review of SIS based on Interview Process.

Other requirements for a complete interview include:

- The Interviewer must ask every question on the form.
- Respondents CAN NOT change partway through the interview.
- Interviewers and respondents must meet the criteria specified above.
- If the Individual served is not attending, the Interviewer must observe the Individual before the interview.
- No electronics (e.g. cell phones, laptops, recording devices, pagers) may be

used during the interview.

At the end of each interview, the Interviewer will review the SIS interview protocol SIS Form 100- Interview Protocol Checklist with the group and ask all respondents to sign the checklist, indicating that the required protocol steps were followed.

F. Triggering Supplemental Verification:

The Supplemental Question areas (e.g. Severe Medical Risk, Severe Community Safety Risk– Non-Convicted, Severe Community Safety Risk– Convicted, and Severe Risk of Injury to Self); are intended to identify Individuals who potentially require a higher level of support than indicated in the SIS. When such Individuals are identified, the cases are referred to the Supplemental Verification Team.

Details around the policy and protocol for review of Supplemental Questions are outlined in Policy SIS-04 – Supplemental Verification Process.

G . Finalization of SIS Assessment:

The following will be completed by the SIS Interviewer:

- a. At the conclusion of the SIS interview, the SIS Interviewer reviews scores to determine accuracy and that all the information needed has been obtained.
- b. Once the information from the SIS interview is final. The SIS Interviewer shall upload the information to SIS Venture Online within five (5) business days.

H. Notification of SIS Interview Results

The Interviewer will send a report to the Case Manager that includes the results of the SIS assessment. The Interviewer will send the SIS report to the Case Manager within 10 business days of the interview.

The Case Manager will share SIS results with the Individual and/or Guardian within 7 business days of receiving the SIS report. The Case Manager will also share SIS results with other providers if the Individual and/or Guardian have signed a release allowing this. The Case Manager will document completion of the SIS assessment in EIS and will keep a copy of the SIS results on file for the person served.

IV. Process for Requesting a Review of the SIS Interview:

The Individual and/or Guardian can request a review of how the SIS was administered if they believe that the SIS interview protocol was not followed. Please see Policy SIS-03: Request for Review of SIS based on Interview Process.

V. Re-Administration of the SIS:

The SIS will be re-administered under the following circumstances:

A. Reassessment Due:

An Individual will receive a new SIS interview within thirty-six (36) months after the initial SIS interview. It is the Case Manager's responsibility to track when a SIS Assessment is due and submit a referral to the Single Assessing Agency within one hundred and fifty (150) days prior to the thirty six (36) months expiration. The SIS Assessment will not be considered current after three years has passed and it is required that all Individuals will receive a new SIS assessment every thirty-six (36) months at a minimum.

B. Major Life Change:

A major life-changing event, such as a serious illness, injury, or behavioral change, may warrant a new SIS assessment if it will affect an Individual's support needs for six (6) months or longer. Please see SIS Policy SIS-05- Request for Review Based on Major Life Change.

C. Interviewer's Professional Judgment:

In the event that the Interviewer determines the information provided by respondents during the SIS interview did not represent the supports needed by the Individual, the Interviewer can dispose of the interview data and conduct another interview sometime in the future, possibly with new respondents. This decision will be made in conjunction with the Interviewer's supervisor and in consultation with the SIS Manager.

This may occur if:

- The skills and support needs reported by respondents are inconsistent with the skills and support needs demonstrated by the Individual served during the interview or observation, or
- Respondents consistently disagree on the skills and support needs of the Individual-served.

SIS INTERVIEW PROTOCOL CHECKLIST

Instructions: At the end of each SIS interview, the interviewer will read and complete this form with respondents. After signing, respondents will return this to the SIS interviewer.

Name of Individual Who Receives Services:

On the day of the SIS interview, the interviewer:

- ☐ Introduced him or herself and explained each Respondent's role.
- ☐ Explained that Respondents can ask for breaks and the Individual can leave the interview, if necessary.
- ☐ Explained the SIS interview process
- ☐ Explained the rating scales that are used during the SIS interview.
- ☐ Completed the SIS interview.
- ☐ Gave Respondents an opportunity to ask questions.
- ☐ Explained that the Individual or Guardian may request a review of the SIS interview process if they believe the standard SIS interview protocol was not followed.

On the day of the SIS interview:

- ☐ Respondents did not change partway through the interview.
- ☐ Respondents met the respondent criteria of having known and worked with the Individual for more than 3 months.
- ☐ If the Individual did not attend, the Interviewer observed the Individual in a natural setting **before** the interview.
- ☐ No electronics or recording devices were used during the interview.

Signature of Respondents:

#1

#2

#3

#4

#5

#6

Case Manager Signature:

Date:

DRAFT

SIS Interview Sign-in

Interviewer Name: _____ Date: _____

Interview Location: _____

Name of Individual: _____

Start Time: _____ End Time: _____

PLEASE PRINT CLEARLY:

<u>Name</u>	<u>Agency/Job Title</u>	<u>Phone</u>	<u>Home Support</u>	<u>Community Support</u>	<u>Work Support</u>	<u>How long have you provided support to this Individual?</u>

State of Maine-Department of Health & Human Services Office of Aging and Disability Services Policy and Procedure		
TITLE: QUALITY ASSURANCE OF SIS INTERVIEWERS		POLICY NO: SIS-02
RESPONSIBILITY: SIS Unit	DATE APPROVED: DATE REVISED: 7.24.14	PAGE (S): 17-19 FORMS:

PURPOSE:

To identify the qualifications of SIS Interviewers and the quality assurance protocol in place pertaining to the Supports Intensity Scale (SIS) Interview process.

POLICY:

The SIS is administered by a Certified SIS Interviewer employed by the Single Assessing Agency designated by the Department. The person administering the SIS has obtained a “pass” score from the American Association on Intellectual and Developmental Disabilities (AAIDD) which means the SIS Interviewer:

1. Completed training with an AAIDD- Certified trainer,
2. Meets the AAIDD Interviewer Reliability Review, and
3. Knows how to request and verify information from respondents.

SIS Interviewers are subject to review of their skills and abilities as a SIS Interviewer as well as annual review by AAIDD or a certified AAIDD Trainer.

In addition to meeting the requirements for AAIDD, SIS Interviewers are required to receive training on SIS Supplemental Questions. Supplemental Questions address possible higher support needs in medical and/or behavioral needs. Training on Supplemental Questions is delivered by the Human Services Research Institute (HSRI).

The Office of Aging and Disability Services (OADS) reserves the right to review and audit files and training documentation in an effort to ensure compliance with Quality Assurance guidelines set forth in this policy and future changes in procedure set forth by AAIDD for any Authorized Agent as designated by the Department who completes SIS assessments.

PROCEDURE:

SIS Interviewer trainees spend an average of five (5) days in classroom training. It may take up to two (2) months to complete the training process. The training is divided into three (3) phases (Orientation, Individual Guided Practice, and Interviewer Reliability Review) to allow for adequate practice and self-study time. There is generally a two-three (2-3) week period in between each of these phases. Potential SIS Interviewers will receive the following step by step training in accordance with guidelines and procedures developed by AAIDD and this is subject to change according to AAIDD requirements:

1. Trainees will observe a SIS being completed by a reliable Interviewer.

2. The Orientation session takes three-four (3-4) days of classroom training that includes SIS overview and purpose, rating definition, protocol training, conducting the interview, interviewer techniques, setting the meeting, intent and decision making, scoring and how the SIS can inform Person Centered Plans (PCP). The Orientation session also offers an opportunity for new staff to observe and conduct a live interview as part of a group.
3. Trainees will undergo a period of coaching. The Individual Guided Practices are designed to prepare trainees for live interview interactions with respondents and Interviewer Reliability Review (IRR). Through live interview practices, the AAIDD Trainer demonstrates the SIS interview process including set up, information gathering processes, information interpretation and item determination and scoring.
4. An assigned coach/mentor performs the following functions to assist a trainee:
 - a. Completes interviews with the trainee
 - b. Real time training opportunities, which includes stopping interviews when there are issues and helping trainees walk through processes
 - c. If coaching/mentoring identifies problems, time is scheduled with an AAIDD Certified Trainer for supplemental training
 - d. There is debriefing after each test SIS interview.
 - e. A trainee performs practice SIS interviews until she/he is ready for the Interviewer Reliability Rating.
 - f. When a trainee appears ready to be tested, then an Interviewer Reliability Rating is scheduled with an AAIDD Master Trainer.
 - g. If problems arise during the Interviewer Reliability Rating, the coach intervenes and the interview continues.
5. The AAIDD Trainer will clarify any questions a trainee may have, including item clarification, scoring and interviewing technique. This is followed by AAIDD observing the trainee's first full SIS interview and determining the person's Interviewer Reliability (IRR) score. Details of the IRR Process include:
 - a. To be certified by AAIDD, a trainee must complete an Interviewer Reliability Review (IRR) with an AAIDD trainer. Successful candidates must obtain an interviewer coefficient of point eighty five (.85) or higher. This means that the AAIDD Trainer observes the trainee complete an interview without comment. The trainee and the AAIDD Trainer then score the interview separately and independently of each other. The trainee's total sub-scores for each area on the SIS must agree with the AAIDD Trainer's score at least eighty five percent (85%) of the time.
 - b. Two (2) IRR's can be completed in one day.
 - c. A trainee must have completed at least four practice interviews prior to undergoing the IRR process.
 - d. If a trainee does not pass the initial IRR they will have one more opportunity to pass the IRR within a six (6) month period of time. During the time between the first attempt and the second IRR, the trainee will conduct practice interviews, continue to be mentored by a skilled SIS interviewer and will be receiving continued education until the next IRR is administered.
 - e. A trainee has two (2) opportunities to pass the IRR process and be certified as a SIS interviewer. If a trainee does not pass on their second attempt they will not be certified.

State of Maine-Department of Health & Human Services Office of Aging and Disability Services Policy and Procedure		
TITLE: REQUEST FOR REVIEW BASED ON THE SIS INTERVIEW PROTOCOL		POLICY NO: SIS-03
RESPONSIBILITY: SIS Unit	DATE APPROVED: DATE REVISED: 7.24.14	PAGE (S): 19-22 FORMS: 103;104

PURPOSE:

To identify the method in which an Individual and/or Guardian may request a case review based on the administration of the Supports Intensity Scale (SIS) Interview Protocol.

POLICY:

SIS Interviewers have been certified by the American Association on Intellectual and Developmental Disabilities (AAIDD) to conduct SIS interviews and to score SIS assessments. The Office of Aging and Disability Services (OADS) or its designated agent will only use AAIDD-certified SIS interviewers in determining SIS levels for eligible participants in waiver programs.

OADS has determined policy and procedure around the SIS interview process in SIS Policy - 01- Administration of the SIS.

In some cases an Individual and/or Guardian may feel that policy and procedure outlined in SIS-01- Administration of the SIS, were not adhered to and may make a request for review and re-administration of the SIS. In this case, an Individual and/or Guardian may make a request to the SIS Manager for review of the SIS Interview process and compliance with policy and procedure to make a decision about completing another SIS Assessment.

A request for review regarding the interviewing protocol must be submitted within thirty (30) days of the SIS interview taking place. Requests submitted after the initial thirty (30) day period will not be considered.

PROCEDURE:

Individuals or their designee can request a review for a SIS under one (1) of the following items listed in SIS Form 102.

1. Guardian(s) were not informed of the interview prior to it happening.
2. Guardian(s) expressed that they would like to attend, were not able to attend and the meeting proceeded without them.
3. At least two Respondents who know the Individual were not present throughout the SIS interview.
4. The interview was not conducted face to face.
5. Questions in the interview were not explained prior to being scored.
6. Questions were not asked or discussed during the interview.

7. Individual was not present at Interview, or Interviewer did not meet/observe the Individual prior to Interview.
8. Other- Explain

Requests for a review shall be submitted to the SIS Manager by using Form SIS 102- Request for Review - Interview Protocol within thirty (30) days of the SIS Assessment date.

The SIS Manager will complete Form SIS 103- Response Letter – SIS Interview Protocol Review based on the request and determination of an outcome within ten (10) business days of receipt of the request.

If the SIS Manager determines that the administration of the SIS interview did not adhere to the procedures outlined in SIS Policy - 01, a letter will be sent to the person who made the original request and a new SIS will be conducted within thirty (30) days. If a request is denied, a letter will be sent to the person who made the original request outlining the decision within ten (10) business days.

Original Copies of SIS Forms 102 & 103 will be kept on file with a copy of applicable correspondence by the SIS Manager in compliance with OADS Record Retention Policies.

Request for Review - SIS Interview Protocol

Name of Individual: _____

Date of original SIS Interview: _____

Person Requesting Review: _____

Relationship to Individual: _____

Contact Information Including Email: _____

I have reviewed Policy SIS 01- Administration of the SIS outlining the protocol for SIS interviews, the following items are the basis for my Request for Review (check all that apply):

- ____ Guardian(s) were not informed of the interview prior to it happening
- ____ Guardian(s) expressed that they would like to attend, were not able to attend and the meeting proceeded without them
- ____ At least two Respondents who know the Individual were not present throughout the SIS interview.
- ____ The interview was not conducted Face to Face
- ____ Questions were not asked or discussed during the interview process.
- ____ Questions during the interview were not explained to us prior to being scored.
- ____ Individual served was not present at Interview, or Interviewer did not meet/observe the Individual prior to Interview.
- ____ Other (please explain): _____

Please explain in more detail: _____

Signature of Person Making Request: _____

Date: _____

This request is submitted to the SIS Manager and will be reviewed to determine if SIS Policy & Procedure outlined in Policy SIS 01 were adhered to. You will hear within 10 business days of receipt of your request by email or phone and your request will be followed up with written notice.

Submit this form by mail/email to the SIS Manager:

SIS Manager - Office of Aging & Disability Services - 41 Anthony Avenue - SHS # 11; Augusta Maine 04330

Response Letter – SIS Interview Protocol Review

Name of Individual: _____

Original Date of SIS Interview: _____

A Request for Review of the SIS interview was requested on _____.

After review of the SIS Interview process including discussion with the SIS Interviewer and other participants in the interview the following decision is made regarding administering a new SIS:

_____ **Request Denied** – According to Policy SIS 01- Administration of the SIS, and after a review of the process, it was determined that protocol was followed and a new SIS is not warranted.

_____ **Request Denied** – Request was not submitted within thirty (30) days of the SIS assessment being conducted and will not be reviewed per SIS Policy - 03.

_____ **Request Approved** – According to Policy SIS 01- Administration of the SIS, and after review of the process, it was determined that protocol was not followed in regarding to the following **:

_____ Parents/Guardians were not informed of the interview prior to it happening.

_____ Guardian(s) expressed that they would like to attend, were not able to attend and the meeting proceeded without them

_____ At least two Respondents who know the Individual were not present throughout the SIS interview.

_____ The Interview was not conducted Face to Face.

_____ Questions in the interview were not explained prior to being scored.

_____ Questions were not asked or discussed during the interview.

_____ Individual served was not present at Interview, or Interviewer did not meet/observe the individual.

_____ Other: _____

** A New SIS will be scheduled within 30 days. You will be hearing from the SIS Scheduler to set up an appointment with an Interviewer.

Thank you,

Signature of SIS Manager

Date

State of Maine-Department of Health & Human Services Office of Aging and Disability Services Policy and Procedure		
TITLE: SIS SUPPLEMENTAL QUESTION VERIFICATION PROCESS		POLICY NO: SIS-04
RESPONSIBILITY: SIS Unit	DATE APPROVED: DATE REVISED: 7.24.14	PAGE (S): 23-31 FORMS: 104;105 Attachment A

PURPOSE:

To identify policy and procedure regarding the verification process of cases that trigger further review under the Supplemental Questions.

POLICY:

During administration of the Supports Intensity Scale (SIS) the SIS Interviewer may ask Supplemental Questions pertaining to several areas of severe risk/need for an Individual (e.g. Severe Medical Risk, Severe Community Safety Risk- Non-Convicted, Severe Community Safety Risk- Convicted, and Severe Risk to Self-Injury). If the Supplemental Questions indicate an Individual may potentially require additional support the Supplemental Verification Team (SVT) may request and review additional information to verify that the person has a higher support need.

Based on review of the case file and other records received from the Case Manager, the Supplemental Verification Team (SVT) will determine whether the Individual requires the higher level of support indicated by the Supplemental Questions or whether they have been assigned to the appropriate level based on the SIS assessment.

The Supplemental Verification Team does not consider individual budgets. The Extraordinary Supports Review Process is to consider potential changes to Individual budgets as outlined in SIS Policy – 06 – Extraordinary Review Process.

PROCEDURE:

The following procedure is in place to outline the process that the Supplemental Verification Team uses to review cases that trigger a Supplemental Question Review as part of a SIS assessment.

I. Notification and Record Request

- a. A designated team member/clerical support person will review the ME-Verify Portal on a weekly basis to determine any new Individuals referred to the SVT.
- b. The designated team member/clerical support person consults with the assigned SIS Manager regarding assignment decisions, then assigns new cases to SVT members on a weekly basis.
- c. The designated team member/clerical support person assigns the cases to the SVT member in ME-Verify Portal and notifies the team member of the assignment via email.
- d. The designated team member/clerical support person contacts the assigned Case Manager for the Individual and completes the following:

- i. SIS Form 104- Request for Records for Supplemental Question Review is sent out to the Case Manager listed in EIS
 - ii. A two (2) week deadline for return receipt of the documentation is imposed
 - iii. As the deadline approaches, the designated team member/clerical support will follow up with the applicable Case Manager regarding the request as needed
 - iv. Additional requests may be made through mail, email and by phone to the Case Manager, and the Case Manager's Supervisor as needed.
- e. Once the requested documentation for the SVT member is received the designated team member/clerical support person provides the documentation in paper copy to the assigned team member.

II. Preliminary Review by Assigned SVT Member:

- a. When the SVT member receives the documentation provided by the Case Manager, they review the documentation independent of the SVT in regards to the Supplemental Questions triggered (e.g. Medical).
- b. Review of the provided documentation on each case is separated into two categories of review. The first is information obtained from the Person Centered Plan (PCP) and the second is all other documentation provided. The SVT team member will also use EIS to review notes, reportable events, and other pertinent information and print this to add to the documentation. SIS Online and SIS Venture are also accessed so that the SVT member has a copy of the original SIS assessment.
- c. If during the preliminary review of the documentation and databases there is an indication that more information is needed, the SVT team member will contact the assigned Case Manager to request additional information.
- d. The SVT team member uses the ME-Verify Portal to document their preliminary review from the documentation provided and bring this to the SVT team meeting. Information is not finalized in ME-Verify Portal by SVT team members. The following information is required documentation in the ME-Verify Portal regarding each case reviewed:
 - i. Documentation Received from the Case Manager and additional information reviewed
 - ii. Overview of the Individual including but not limited to age, living arrangement, diagnosis, needs and other important information
 - iii. Findings from the documentation in relation to the supplemental questions triggered
 - iv. Additional information as it relates to decision making, or other potential needs
 - v. Preliminary Decision and Rationale including citing the definition of exceptional support needs and/or the appropriate level description.
- e. The SVT team member uses that definition in relation to making decisions around if the supplemental question that was triggered meets the standardized definition of a higher level of support need. See Attachment B: HSRI Guidelines for Supplemental Question Review

III. General Composition and Responsibilities of the SVT:

- a. The Supplemental Verification Team (SVT) meets every other week to present cases and to determine if the documentation provided indicates a higher level of support need.

- b. The SVT is made up of at least three (3) team members and the SIS Manager. A meeting does not occur without at least three (3) members present. Members are comprised of staff including RN, Quality Assurance, Casework staff and others as deemed appropriate by OADS.
- c. The SVT is led by a Team Facilitator who guides the process and is responsible for the scheduling and facilitation of meetings. The Team Facilitator is an SVT team member who also presents cases.
- d. The SVT Team Facilitator leads the team in presentation of cases and takes recommendations to the SIS Manager when he/she is not in attendance. The SIS Manager will participate in SVT meetings at least monthly to observe the process and assure protocol is followed. The SIS Manager does not take assignment of SVT cases.
- e. The SIS Manager is the administrator who completes the final level of review and submits the decision in the ME-Verify Portal indicating the SVT's decision.

IV. Supplemental Verification Team Review Process:

- a. The SVT meets and members present the cases that they have been assigned to review. The assigned member is responsible for presenting to the team the information they reviewed and their initial findings outlined and entered into ME-Verify as stated above (II-d).
- b. The SVT Team Facilitator will document and track specifics around the Individual's name, SIS interview date, Supplemental Question reviewed, and what the SVT's recommendation is for data tracking and reporting purposes.
- c. Once the team member has presented the case to the team, the team discusses any questions or concerns, aspects that they believe do or do not qualify for a higher need and reach a consensus on a decision. If consensus cannot be reached the SVT may refer to the SIS Manager for final decision and approval.
- d. If there is a need for the assigned team member to obtain more information the case is tabled until the next meeting pending further information and is re-presented once information is obtained.
- e. Once a decision is made by the SVT, it is passed on to the SIS Manager to review and finalize the decision in the ME-Verify Portal.
- f. Once the final decision is made by the SVT, notification is provided to the Case Manager assigned to the Individual using Form SIS 105- Letter Re: Result of SIS Verification Review within 10 business days of the completion of the review.
- g. The case documentation and any applicable notes are filed in accordance with the OADS Record Retention Policy in OADS Central Office and managed by the SIS Manager.

Attachment A:



Human Services Research Institute

Verification of the Supplemental Questions used for Resource Allocation

The Supplemental Questions (SQs) used with the SIS play a decisive role in ensuring people are assigned to appropriate levels within a resource allocation model. Individuals can be considered for higher funding based on responses to these four questions alone. Because of this, verifying responses to the questions is critical. The purpose of the verification process is to confirm that each person's record reflects the severe medical or behavioral risk indicated by responses to the Supplemental Questions gathered during the SIS interview.

In most cases, the written record will include enough information upon which a decision on the persons' support needs can be made. However, there may be cases where direct inquiry to the case manager or others who have critical information on the needs of the individual may be required. The goal of the verification process is to determine whether or not the individual's support needs meet the threshold required for higher funding and to document both the decision and the reason for the decision.

States can use all, or a lesser combination of, documentation in the following records to identify the need for additional support required for each of the different risks associated with the Supplemental Questions (SQs).

1. ***Severe Medical Risk*** – The verification process is seeking to confirm that the person requires frequent and extensive 1:1 support to address his or her significant medical needs. In general, this may be defined as support from an RN or LPN for at least 8 hours per day, or extensive support for that duration or longer, provided by a combination of a licensed nurse and a DSP directly trained and supervised by a RN or LPN.¹ Records that might be reviewed include the following:

- a. The SIS report
- b. The person's Individual Support Plan (ISP)
- c. Current medical history and physical
- d. Case management site visit notes for the past year
- e. Hospitalization reports
- f. Medical Emergency Response plans
- g. Current Health Care Plans
- h. Preliminary Risk Screening
- i. Current therapy evaluations and support plans
- j. Residential services documentation
- k. Nursing reports for the past 12 months
- l. Seizure tracking logs
- m. Medication list
- n. Diagnosis list

¹ The Supplemental Question itself asks if the person is receiving 24 hours of direct, professional care. Documentation of 8 hours or more of RN/LPN support is used to indicate the need for extensive support due to medical risks. ² If documentation for SQ 2 does not

confirm that a person meets the definition of conviction, but documentation indicates the person meets the criteria for the severe community safety risk, it is appropriate to confirm the person may need additional funding even without the conviction.

³ A threshold of at least 8 hours per day or 1:1 exclusive support is used to verify SQs 2 and 3.

⁴ A threshold of at least 8 hours per day or 1:1 exclusive support is used to verify SQ4.

2. Severe Community Safety (Convicted and/or Not Convicted) – Verification for SQs 2 and 3 are similarly focused on the extent to which the person presents a severe community safety risk. The only difference between the questions is the distinction between a person that has been convicted, and one that has not. For SQ 2, documentation in the person's record is expected to indicate that he or she has been convicted of a crime related to the risk behavior in the past year, or that restrictions are still required in the person's ISP for convictions that happened longer than a year ago.² Documentation should reflect a need for 1:1 staffing requirements for significant portions of the day.³ Records that could be reviewed include:

- a. The SIS report
- b. The person's Individual Support Plan (ISP)
- c. Case Management site visit notes for the past year
- d. IDT meeting minutes for the past year
- e. Hospitalization reports
- f. Current Positive Behavioral Support assessment
- g. Current Positive Behavioral Support plan
- h. Behavior Crisis Intervention plan
- i. PRN Psychotropic Medication plan
- j. Residential services documentation
- k. Day service documentation
- l. Medication list
- m. Diagnosis list
- n. Confirmed incident reports for the past 12 months
- o. Court records or reports in the person's record (for SQ 2)

3. Severe Risk of Injury to Self – Verification for this last severe risk follows closely with the review process for SQs 2 and 3. The difference is that the reviewer is looking for documentation that the person presents a serious risk to his or her own self. Documents should reflect the need for extensive 1:1 support for significant portions of the day to prevent the person from harming him or herself.⁴ Records that should be reviewed for this process include:

- a. The SIS report
- b. The person's Individual Support Plan (ISP)
- c. Case Management site visit notes for the past year
- d. IDT meeting minutes for the past year
- e. Hospitalization reports
- f. Current Positive Behavioral Support assessment
- g. Current Positive Behavioral Support plan
- h. Behavior Crisis Intervention plan
- i. PRN Psychotropic Medication plan
- j. Residential services documentation
- k. Day service documentation
- l. Medication list
- m. Diagnosis list
- n. Confirmed Incident reports for the past 12 months

It is anticipated that a relatively small portion of the population of individuals with developmental disabilities served on the waiver will qualify as having a high level of extensive support need. However, because of the importance of ensuring that individuals with significant support needs receive the proper level of funding, and so that individuals

who do not require this level of support are not over served, HSRI recommends that a team of staff verify the SQ responses when a risk is indicated. The goal of the verification process is to determine whether or not the individual's support needs meet the threshold required for higher funding and to document both the decision and the reason for the decision.

DRAFT

Documentation Request for Supplemental Verification Review

Name of Individual: _____

Date of Assessment: _____

To Provider: _____

Supplemental Questions used with the SIS assessment conducted on the date cited above, have identified the Individual as possibly having extraordinary support needs in at least one of four medical and/or behavioral areas. These potential risks include severe medical risk, severe community safety (convicted and/or not convicted) and severe risk of injury to self.

A comprehensive record review will be conducted to determine whether the identified Individual has extraordinary support needs warranting a change to their assigned level. This record review is conducted by the Supplemental Verification Team (SVT), comprised of DHHS/OADS staff. As the Individual's Case Manager, you are requested to submit documentation so this review can be completed. The SVT will also be reviewing EIS documentation.

The type of documentation requested is listed on the next page.

The required documentation is requested within two weeks of this request.

Please submit requested documentation to:

_____, Office Associate

Maine Department of Health and Human Services
Office of Aging and Disability Services
41 Anthony Avenue SHS #11
Augusta, Maine 04330

In the subject line of the email, write "SQ Verification."

You are also able to scan or fax information to _____ at:

Email:

Please send the most current documentation available for areas checked below. The team is generally looking for information from **6 months prior to the SIS interview.**

☐ **SQ1 Severe Medical Risk**

• PCP • annual physical • current medical history including diagnoses and medications • MAR • nursing assessment • nursing reports for past 12 months • current therapy evaluations/support plans • nursing care plan • seizure tracking logs • medical protocols • # of hours weekly the nurse spends working directly with the individual • # of hours of 1:1 exclusive focus staffing during waking hours provided to the individual • statement from RN/LPN regarding specialized training and supervision of direct support staff

☐ **SQ2 Severe Community Safety Risk- Convicted**

• PCP • IST • behavioral support assessment and plan • diagnoses and medications • risk tracking record • behavioral protocols • severely intrusive plan • safety plan • # of hours of 1:1 exclusive focus staffing during waking hours provided • court orders documenting criminal conviction in the past year or orders/restrictions required for convictions that occurred more than one year ago • summary of behavioral tracking data for the past 3 months • PRN psychotropic medication plan • DSP notes from past 2 months

☐ **SQ3 Severe Community Safety Risk- Not Convicted**

• PCP • IST • behavioral support assessment and plan • diagnoses and medications • risk tracking record • behavioral protocols • severely intrusive plan • safety plan • # of hours of 1:1 exclusive focus staffing during waking hours provided • summary of behavioral tracking data for the past 3 months • PRN psychotropic medication plan • DSP notes from past 2 months

☐ **SQ4 Severe Risk of Injury to Self**

PCP • IST • behavioral support assessment and plan • diagnoses and medications • risk tracking record • behavioral protocols • severely intrusive plan • safety plan • # of hours of 1:1 exclusive focus staffing, during waking hours, provided to the individual • summary of behavioral tracking data for the past 3 months PRN psychotropic medication plan • DSP notes from past 2 months

Notification of Results of Supplemental Verification Team Review

[Date]

Name of Individual: _____

Assigned Case Manager: _____

Original SIS Assessment Date: _____

The following Supplemental Questions were triggered for further review:

- ☐ Severe Medical Risk (SQ1)
- ☐ Severe Community Safety Risk- Not Convicted (SQ2)
- ☐ Severe Community Safety Risk – Convicted (SQ3)
- ☐ Severe Risk of Self Injury (SQ4)

The Supplemental Verification Team met on _____ and completed a review of the documentation provided in regards to the triggered risk indicated above.

It was determined that:

_____ The documentation provided and reviewed Does Not indicate that the Individual has an exceptionally high support need under this SQ(s): ☐ SQ1 ☐ SQ2 ☐ SQ3 ☐ SQ4

_____ The documentation provided and reviewed Does indicate that the Individual has an exceptionally high support need under this SQ(s): ☐ SQ1 ☐ SQ2 ☐ SQ3 ☐ SQ4

Outcome:

_____ The Individual's initially assigned SIS Level is appropriate to meet their need.

_____ The Individual's assigned SIS Level will be changed to _____; Effective: _____

Thank you,

Supplemental Verification Team (SVT)

State of Maine-Department of Health & Human Services Office of Aging and Disability Services Policy and Procedures		
TITLE: REQUEST FOR REVIEW BASED ON MAJOR LIFE CHANGE		POLICY NO: SIS- 05
RESPONSIBILITY: SIS Unit	DATE APPROVED: DATE REVISED: 7.24.14	PAGE (S): 32-39 FORMS: 106; 107 Attachment B

PURPOSE:

To identify the criteria and process for requesting a new SIS assessment due to a Major Life Change for an Individual.

POLICY:

A Major Life Change may trigger the need to conduct a review of an Individual's situation to determine if it is necessary to conduct a new SIS assessment outside of the usual thirty-six (36) month cycle that each Individual is assessed. Major Life Changes shall include but are not limited to the following:

1. A Change in Natural Home/Family living situation including loss of natural supports for an Individual
2. Loss of living situation that significantly impacts the Individual's support needs
3. Significant change in Medical health or development of new conditions/diagnosis that pose a significant change to support needs/functioning of an Individual
4. New/Change in diagnosis of Dementia or related condition that pose a significant change to support needs/functioning of an Individual
5. New/Change in diagnosis or condition of a serious Mental Health or Behavioral need that pose a significant change to support needs/functioning of an Individual

Individuals in OADS Section 21 HCBW programs shall be assessed using the Supports Intensity Scale (SIS) once every thirty-six (36) months. Prior to the thirty-six (36) month review, a change may occur that will necessitate conducting a new SIS to reflect change in supports that the Individual requires due to a Major Life Change that is expected to last six (6) months or more in duration.

If a Major Life Change has been identified, it is the responsibility of the agency authorized to deliver case management to submit a Request for Review Based on Major Life Change (Form SIS 106) to the attention of the SIS Manager.

The Extraordinary Review Committee (ERC) is the committee organized to meet and review all Major Life Change Requests as designated by OADS.

The ERC is comprised of at least five (5) staff members including but not limited to the following:

- a. Resource Coordinator
- b. Casework Supervisor
- c. RN/LPN

- d. Crisis Supervisor/PA
- e. SIS Manager

The ERC will use expert advice from an outside Psychologist on contract as needed in cases requiring expert opinion. The ERC members will be responsible for reviewing, prioritizing and approving/disapproving all Requests for Review Based on Major Life Change. The ERC shall meet weekly to review all requests and shall meet to review specific cases on an as needed basis depending on the urgency of the request.

After the ERC reaches a decision, the ERC shall send out an ERC Review Letter - Request Based on Major Life Change (FORM SIS 107) within five (5) business days to the agency contact person who made the initial request.

This policy covers only Request for Review based on Major Life Changes and the resulting circumstances in which the ERC may approve or authorize a SIS assessment outside of the three (3) year cycle. The Extraordinary Support Review Process is outlined to make changes to an Individual budget for other reasons and is covered in SIS Policy 06.

If an Individual has gone through one or more of the review processes outlined in SIS Policies: Request for Review Based on Interview Protocol, Major Life Change Request and Extraordinary Support Review and still feel that their needs are not appropriately being addressed they can file a grievance in accordance with the Office of Aging & Disabilities Grievance process which can be found on the website at:

<http://www.maine.gov/dhhs/oads/disability/ds/grievance/home.html>

Please refer to Attachment G: Grievance/Appeal Insert for more information.

PROCEDURE:

1. A Request for Review Based on Major Life Change, through Form SIS 106, is submitted to the SIS Manager by an agency that provides case management to the Individual.
 - a. Information in the form should outline what the Major Life Change is necessitating the request.
 - b. Information in the form should outline other attempts at providing supports or alternatives to assist the Individual in addressing the need
 - c. Supporting documentation including a current Person Centered Plan that outlines the change in needs for the Individual and will support the request. If documentation is not provided with the request it will not be reviewed until documentation is provided.
2. The SIS Manager provides all requests for Major Life Changes to a designated ERC member who will complete the following steps:
 - a. Logs the Request for Review and determines whether such a request is an emergency
 - b. If the case is deemed an emergency, a member of the ERC shall contact the agency to acknowledge receipt of the Request for Review, provide an estimated timeframe for review by the ERC, and identifies what other supports have been put in place while waiting for review.
 - c. If additional information is needed for the review this will also be requested before the meeting.
 - d. If the case is not deemed an emergency, a member of the ERC assigns the case to the next regularly scheduled meeting of the ERC. Once placed on the agenda, the ERC members shall contact the agency to inform them of the date when the case shall be reviewed by the ERC. Upon

initial review of the case, the ERC member shall immediately request additional information if necessary.

3. For all Request for Review forms received, the ERC considers both the reason for the Request for Review and the supporting documentation provided with the request.
4. After reviewing the case, the ERC shall make one (1) of the following recommendations:
 - a. The case indicates a permanent Major Life Change and the need for a new SIS to be administered. A new SIS assessment will be scheduled within thirty (30) days through the Department or its designated agent responsible for conducting assessments.
 - b. The case does not show substantial proof of the Major Life Change as indicated on the Request for Review. A new SIS is not administered and there is no change to the Individual's original SIS assessment.
 - c. The ERC cannot make a conclusion due to insufficient information. The agency will be asked to provide additional information to complete the review within seven (7) business days or before the next ERC schedule meeting.
5. The ERC shall communicate to the agency placing the Request for Review of the decision both verbally or by email. The ERC then will formally communicate with the agency by issuing an ERC Review Letter. The ERC Review Letter shall be sent to the agency within five (5) business days of the final decision being made.
6. In all Request for Review made to the ERC; documentation of the Request for Review, ERC Meetings and decisions should be filed and maintained by the SIS Manager in a central location per the OADS Record Retention schedule.

Request for Review Based on Major Life Change

Name of Individual Receiving Services: _____

Provider Name & Address: _____

Person Making Request: _____ Relationship to Individual: _____

Contact Information (phone/email): _____

The agency above is requesting that the Office of Aging & Disability Services – Extraordinary Review Committee to review the case for the individual named above due to the following Major Life Change (check all that apply :)

- ☐ A Change in Natural Home/Family living situation including loss of natural supports for an Individual
- ☐ Loss of living situation that significantly impacts the Individual's support needs
- ☐ Significant change in medical health or development of new conditions/diagnosis that pose a significant change to support needs/functioning of an Individual
- ☐ New/Change in diagnosis of Dementia or related condition that pose a significant change to support needs/functioning of an Individual
- ☐ New/Change in diagnosis or condition of a serious mental health or behavioral need that pose a significant change to support needs/functioning of an Individual

Provide a description of the specific issue(s) that meet the criteria above:

Date that Major Life Change first occurred/began: _____

Please outline other attempts to provide assistance or identify supports to address the above mentioned need:

Specify the documentation you have submitted with this request to substantiate the Major Life Change:

☐ Current Person Centered Plan

- ___ Medical Assessment (not more than 90 days old)
- ___ Nursing Care Plans (not more than 90 days old)
- ___ Psychiatric assessments (not more than 90 days old)
- ___ Current Behavioral Supports Plans, Safety Plan or Severely Intrusive Plan
- ___ Staffing Schedules/documentation from the last month
- ___ Other (specify): _____

Signature of Person Completing Form

Date

Submit Form & Documentation by mail to:

Office of Aging & Disability Services
Attention: SIS Manager
41 Anthony Avenue
Augusta Maine 04330

DRAFT

ERC Response to Major Life Change Request

[Date]

Dear [Contact Person or Provider Making Request:]

The SIS Committee has reviewed your Request for Review Based on Major Life Change for

_____ (Individual served) dated _____ (date of request).

Based on your request and the information provided to us, and using the DHHS- OADS Policy & Procedure regarding Review of Major Life Change, the Committee has made the following decision:

_____ **This case indicates a Major Life Change where a new SIS assessment is warranted.**

The SIS Committee will notify the Single Assessing Agency to schedule a new assessment within 30 days.

The Major Life Change was proven to be the following:

- _____ A Change in Natural Home/Family living situation including loss of natural supports for an Individual
- _____ Loss of living situation that significantly impacts the Individual's support needs
- _____ Significant change in medical health or development of new conditions/diagnosis that pose a significant change to support needs/functioning of an Individual
- _____ New/Change in diagnosis of Dementia or related condition that poses a significant change to support needs/functioning of an Individual
- _____ New/Change in diagnosis or condition of a serious mental health or behavioral need that pose a significant change to support needs/functioning of an Individual

_____ **This case requires additional information to substantiate a Major Life Change.** Please contact the SIS Manager, at _____, for details about additional information required.

_____ **This case does not indicate a Major Life Change.** As substantiated by the documentation presented and in accordance with OADS Policy & Procedure regarding Major Life Change Review Processes.

Respectfully Submitted,

Extraordinary Supports Committee (ERC)

Attachment B:

Major Life Change Definitions & Guidelines

The Office of Aging & Disability Services recognizes that there are certain circumstances in which the results of a SIS Assessment may no longer reflect the needs of an Individual due to a significant change in their life, health or circumstances.

The following areas are considered Major Life Changes for which a potential Request for Review can be submitted to the SIS team to determine SIS re-assessment.

A Change in Home/Family living situation including loss of natural supports for an Individual

To qualify under this section of a Major Life Change, an Individual will have been living at home or with natural supports and there has been a significant change that has resulted in the Individual no longer being able to reside at home or with natural supports and being in need of a new living situation. This could include the death of parents/caregivers or significant medical/health changes in parents/caregivers ability to care for the Individual. This could also include loss of residence that family or natural supports are residing in such as foreclosure, structural fires and other physical plant issues that rise to the level of a permanent change affecting an Individual.

Loss of living situation that significantly impacts the Individual's support needs

To qualify under this section of a Major Life Change, this area would include the closing of a residential facility, physical plant issue, or permanent change/reason requiring an Individual to find a new living situation or location.

Significant change in medical health or development of new conditions/diagnosis that significantly change support needs of Individual

To qualify under this section of a Major Life Change, an Individual would need to have documented change in his/her medical health including but not limited to the development of new conditions that significantly affect the Individual's daily support needs. Permanent changes must be expected to last six months or longer. This could include but is not limited to significant changes in ambulatory ability due to falls, surgery, new diagnosis of medical conditions,

New/Change in diagnosis of Dementia or related condition that require a significant change to support need/functioning of an Individual

To qualify under this section of a Major Life Change, an Individual would need to have a documented and verifiable change in support needs/functioning in relation to Dementia or a related condition that seriously affects their needs for six months or longer.

A diagnosis of serious mental health or behavioral needs require a significant change to support need/functioning of an Individual

To qualify under this section of a Major Life Change, an Individual would need to have a documented change in mental health condition or behavioral needs that have increased in intensity and support needs that seriously affects the Individual for six months or longer.

State of Maine-Department of Health & Human Services Office of Aging and Disability Services Policy and Procedures		
TITLE: EXTRAORDINARY SUPPORT REVIEW PROCESS		POLICY NO: SIS-06
RESPONSIBILITY: SIS Unit	DATE APPROVED: DATE REVISED: 7.24.14	PAGE (S): 40-51 FORMS: 108; 109; 110 Attachment C; D; E

PURPOSE:

To develop policy and procedure regarding when and how a request for review can be made based on Extraordinary Support Need. To outline the policy and procedure for completion and decision making regarding the review of Extraordinary Support Needs.

POLICY:

Individuals are assigned to one of five levels of need based on the Supports Intensity Scale (SIS) assessment. These levels, as well as an Individual's living situation, determine the individualized budget that an Individual will receive.

In any level-based budgeting system, it is expected that a small percentage of Individuals will have extra support needs that are beyond their assigned budget. As such, OADS has developed this policy to guide the process for making changes to Individual budgets. OADS may grant extraordinary supports for any level of need.

An Individual, Guardian, or representative of an Individual can request a formal review based on claim of an Extraordinary Support need by submitting SIS Form 108- Request for Review Based on Extraordinary Support Need with supplemental documentation and evidence to the Extraordinary Review Committee (ERC).

Prior to submitting a Request for Review based on Extraordinary Support Needs, the Individual, Guardian or representative should consider whether to request a review based on a Major Life Change. Policy regarding this and what constitutes a Major Life Change can be found under SIS Policy 06 – Request for Review based on Major Life Change.

The ERC reviews requests for Extraordinary Support and is comprised of at least five (5) staff members including but not limited to the following:

- a. Resource Coordinator
- b. Casework Supervisor

- c. RN/LPN
- d. Crisis Supervisor/PA
- e. SIS Manager

The ERC may use expert advice from a Psychologist in cases requiring expert opinion. The ERC shall meet weekly to review all requests and shall meet to review specific cases on an as needed basis depending on the urgency of a request.

The assignment of a customized budget may be considered permanent until the next SIS is completed. There are some situations where an individual may need Extraordinary Supports for a short period of time and funding for short term support may be granted.

If an Individual has gone through one or more of the review processes outlined in SIS Policies: Request for Review Based on Interview Protocol, Major Life Change Request and Extraordinary Support Review and still feel that their needs are not appropriately being addressed they can file a grievance in accordance with the Office of Aging & Disabilities Grievance process which can be found on the website at:

<http://www.maine.gov/dhhs/oads/disability/ds/grievance/home.html>

Please refer to Attachment G: Appeal Insert for more information.

PROCEDURE:

The Extraordinary Review Committee completes all reviews based on Extraordinary Supports and Major Life Change requests (See SIS Policy -06). The ERC protocol and procedure for completion of these reviews are outlines as follows:

1. A Request for Review Based on an Extraordinary Support Need, through Form SIS 108, is submitted to the SIS Manager by a Case Manager for an Individual.
2. The SIS Manager notifies the designated member of the ERC dealing with new requests and the designated member of the ERC logs the Request for Review and determines whether such a request is an emergency
 - a. If the case is an emergency, a member of the ERC shall contact the Case Manager to acknowledge receipt of the Request for Review, provide an estimated timeframe for review by the ERC, and identify any additional information required for the review.
 - b. If the case is not an emergency, a member of the ERC assigns the case to the next regularly scheduled meeting of the ERC. Once placed on the agenda, the ERC members shall contact the Case Manager to inform them of the date when the case shall be reviewed by the ERC. Upon initial review of the case, the ERC member shall immediately request additional information if necessary.
3. For all SIS Form 108: Request for Review forms received, the ERC considers both the reason for the Request for Review and the supporting documentation provided with the request.
4. The ERC cannot change an Individual's assigned level. However, the ERC is able to make recommendations to increase an Individual's designated level-based individual budget based on the Request and information received, which must include consideration of strategies attempted prior to the request for extraordinary support. The ERC may make the following recommendations:

- a. For services with tiered rates that vary based upon an Individual's level of need, the ERC may recommend that the Individual be authorized for a rate tier that is higher than the rate that they would be receive based upon their assigned level. These recommendations do not affect the number of hours that the Individual is afforded. For example, an Individual's assigned level places him or her in tier 1, but the ERC may recommend a tier 2 rate. Each tiered service must be considered separately.
 - b. The ERC may recommend a greater number of support hours than an individual budget affords. For example, the ERC may recommend an increase in the number of hours of Home Support Quarter Hour than an Individual can afford with their individual budget. The ERC must consider all available resources within the individual budget as well as other paid and unpaid supports before recommending an increase in hours. Except as provided in c., the ERC may not recommend changes in the number of hours incorporated in per diem rates.
 - c. For Individuals assigned to the highest tier of Agency Home Support services, the ERC may recommend the authorization of a specified number of Extraordinary Agency Home Support hours that provide for dedicated one-on-one support for the Individual. The ERC may include recommendations related to the qualifications of the DSP providing Extraordinary Agency Home Support services, which could include specified certifications or trainings
5. After reviewing the case, the ERC will make one of the following recommendations:
 - a. The case indicates an Extraordinary Support Need and a change in the individual budget is recommended.
 - b. The case does not show substantial proof of an Extraordinary Support Need as indicated on the Request for Review. There is no change in the Individual's budget.
 - c. The ERC cannot make a conclusion due to insufficient information. The Case Manager will be asked to provide additional information to complete the review.
6. If the ERC determines that there is an Extraordinary Support need and recommend a change in support a formal recommendation is made to the Director or his/her designee for final financial approval and SIS Form 109: Justification/Approval for Extraordinary Support is to be completed.
7. Once all approvals and decision are final. The ERC shall communicate the decision to the Case Manager placing the Request for Review of the decision verbally or by email. The ERC then will formally communicate with the Case Manager for the Individual by issuing an ERC Review Letter. The ERC Review Letter shall be sent to the Case Manager for the Individual within five (5) business days of the final decision being made.
8. In all Request for Reviews made to the ERC documentation of the Request for Review, ERC Meetings and decisions should be filed and maintained by the SIS Manager in a central location per OADS Record Retention schedules.

Request for Review Based on Extraordinary Support Need

Name of Individual: _____

Provider: _____

Person Making Request: _____ Relationship: _____

Contact Information (Phone/Email): _____

The Individual, Guardian, Family member or agency representative listed above is requesting that the Office of Aging & Disability Services – Extraordinary Review Committee evaluate this Individual for support in excess to their level based individual budget due to Extraordinary Needs as outlined below: (please explain in detail)

Please outline other attempts to provide assistance or identify supports to address the above mentioned needs prior to submitting this request:

The following documentation has been included as supporting evidence of the Extraordinary Support Need with this request:

- ____ Person Centered Planning including Updates due to changes in needs
- ____ Medical Assessment/Medical Notes/Physician Statements/Nursing Care Plans/
- ____ Behavioral Modification Plans/Safety Plans/Severe Intrusive Plans/
- ____ Psychiatric Assessments
- ____ Legal Documents such as Criminal Charges/Court Orders/Police Records and Reports
- ____ Other: (Please Specify) _____
- _____
- _____

(Please refer to SIS Policy 06- Extraordinary Supports Review Process, which outlines further guidelines for requesting a review based on Extraordinary Support Needs as well as the protocol and procedures for the review process.)

Signature of Person making Request

Date

Submit Form & Documentation by Mail to:
Office of Aging & Disability Services
Attention: SIS Manager
SHS #11
41 Anthony Avenue Augusta
Maine 04330

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Justification/Approval for Provision of Extraordinary Support

Individual: _____ Date of Review: _____

The Extraordinary Review Committee has met and determined that this Individual has a higher level of support need than can be met by their current level/budget assignment due to:

The following documentation was submitted and was reviewed as part of the ERC review process:

The ERC makes the following recommendation in regards to change in the Individual Budget:

Total Expected Cost: \$ _____ Effective: _____ Through: _____

Plan to Review: _____

☐ APPROVED☐ NOT APPROVEDComments: _____

Director/Designee_____
Date

ERC Response to Request - Extraordinary Support Need

[Date]

Dear [Provider/Case Manager:]

The SIS Committee has reviewed your Request for Review Based on Extraordinary Support Need for _____ (Individual served) dated _____ (date of request).

Based on your request and the information provided to us, and using the DHHS- OADS Policy & Procedure regarding Review of Extraordinary Support Needs, the Committee has made the following decision:

_____ **This case indicates an Extraordinary Support Need.**

The ERC has determined that funding/support in addition to the current level assignment/allocation is authorized due to the following:

Overview of Change in Funding/Support authorized for the Individual:

The Duration for which this additional support is authorized is:

_____ **This case requires additional information to substantiate an Extraordinary Support Need.** Please contact the SIS Supervisor, at 287-9100, for details about additional information required.

_____ **This Individual's needs will be met with their assigned individual budget,** as substantiated by the documentation presented and in accordance with OADS Policy & Procedure.

Respectfully Submitted,

ATTACHMENT C:

GUIDELINES FOR REVIEWING CASES THAT REQUIRE EXTRAORDINARY SUPPORTS

Documentation:

Documentation that may be considered in the review of Extraordinary Supports includes, but is not limited to, the following:

- Person Centered Plan (PCP)
- Supports Intensity Scale Assessment
- Supplemental Questions and Verification Process (if applicable)
- Documentation of other approaches or supports that have been attempted
- EIS information including, notes, assessments, reportable events, investigations and other applicable items
- Written statements from a physician or psychologist explaining why, without extraordinary supports, the person's life or health is at risk
- Written statements from a physician or medical professional explaining the changes in this person's situation that results in the caregiver and other supports no longer meeting this person's needs
- Written statements from a professional in the medical field or mental health field which explains why the caregiver can no longer provide care
- Evidence that other community services are not available
- Written statements from law enforcement which supports specific incidents or charges
- Names of other agencies/parties involved and dates, of contact, assistance and involvement
- Crisis notes, planning, Severely Intrusive Plans, Medical Additions and other information

Review Process:

The following items, as appropriate, should be considered by the Extraordinary Review Committee (ERC) in making determinations of an Individual's Extraordinary Supports resource allocations and needs decisions.

I. Behavioral Support Needs

- Identify/Describe behavior requiring 1:1 staffing
- Frequency, Intensity and Duration of Behavior
 - Frequency of behavior incidents requiring 1:1 staffing
 - Intensity
 - What is the typical (average) intensity of behaviors?
 - What is the most extreme?

- Has injury occurred to the individual or others resulting from the behavior(s)?
- Duration
 - Are there identifiable triggers or precursors to the behavior?
 - Does the Behavioral Plan/Safety Plan call for increased staff monitoring?
 - Does the Behavioral Plan/Safety Plan include physical interventions? Severely Intrusive Plan?
 - Average staff time used for monitoring and prevention?? Interventions?
- Is the above information consistent with the current Behavioral Support Plan/Safety Planning? If not are these being revised?
- Review the current staffing at the site. Is there sufficient staff to respond to behaviors identified above? Are there periods with less staffing?

II. Community Safety/Risk to Others

- Are there convictions or pending charges? Historical information regarding community risk, conviction, charges and legal involvement
- What are the risks associated with community? Are they documented?
- If the community safety issue is Sexual Aggression, have assessments been done to assess risk?
- Does risk of elopement exist? What's in place to address this?
- What would occur without additional support?

III. Medical Need

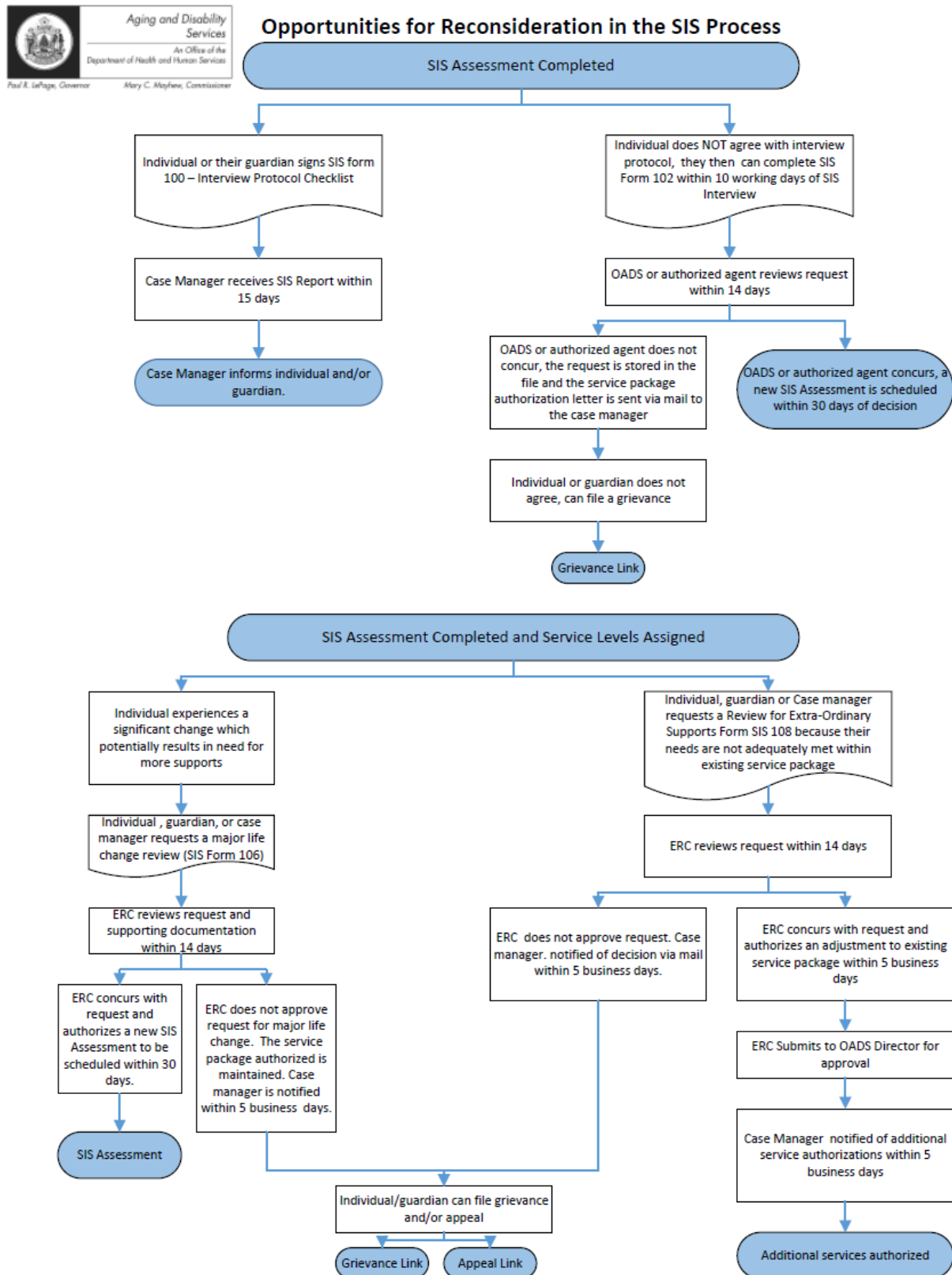
- What specific conditions/support needs necessitate a high level of staff attention to assure health and safety needs?
- What specific supports require 1:1 staffing? What is the frequency (per day) and duration that these supports are required?
- What specific supports require two or more staff? Frequency?
- What specific supports require nursing staff or oversight/training by nursing staff?
- Is the individual returning or transitioning to a program with new, serious health/medical issues that require monitoring?

IV. Staffing/Support Changes

- Staffing schedules
- Number of hours of “exclusive focus” on the individual
- Staffing of more than 1:1 and reasons for this, duration
- RN Hours
- Specialized care?

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Attachment D: Review Flow Chart



Attachment E:

Developmental Services Grievances

A grievance is a complaint. If you have a complaint about services and supports from the Department of Health and Human Services (DHHS) or a provider, you can file a grievance. If your rights have been violated, you can file a grievance.

Filing a grievance is a way to settle a disagreement.

More information on grievances is on the DHHS website:

<http://www.maine.gov/dhhs/oads/disability/ds/grievance/home.html>

If you want help filing a grievance, you can talk to the advocate with the Disability Rights Center in your area. Contact information is listed below.

DEVELOPMENTAL SERVICES ADVOCATES

Cumberland and York Counties

Disability Rights Center Advocate
161 Marginal Way
Portland, Me 04101
Tel: 822-0321 or 1-800-269-5208
TTY: Maine Relay 711

Androscoggin, Franklin, Oxford Counties

Disability Rights Center Advocate
200 Main Street
Lewiston, Me 04240
Tel: 795-4538 or 1-800-482-7517
TTY: Maine Relay 711

Kennebec and Somerset Counties

Disability Rights Center Advocate
24 Stone Street
Augusta, ME 04330
Tel: 626-2774 or 1-800-452-1948
TTY: Maine Relay 711

Knox, Lincoln, Sagadahoc and Waldo Counties

Disability Rights Center Advocate
91 Camden Street, Suite 103
Rockland, ME 04841
Tel: 1-800-482-1948, ext. 215
TTY: Maine Relay 711

Penobscot, Piscataquis, Hancock and Washington Counties

Disability Rights Center Advocate
396 Griffin Road
Bangor, ME 04401
Tel: 561-4113 or 1-800-432-7825
TTY: Maine Relay 711

Aroostook County

Disability Rights Center Advocate
PO Box 2007
30 Skyway Drive, Unit 100
Caribou, ME 04736
Tel: 493-4129 or 1-800-432-7366
TTY: Maine Relay 711

(Revised 2/2013)

If you do not agree with the services you are getting, talk with your Case Manager. If you still do not agree, you can get help

Grievance

A Grievance is a way to settle a disagreement over the services you get from Developmental Services or from another provider. You can file a Grievance if you are not getting what you think you should. The rules for Grievance are at this website: <http://www.maine.gov/dhhs/oads/disability/ds/grievance/home.html>
Your case manager or an Advocate can give you the rules and help you file your grievance.

MaineCare Appeal

If you get a letter saying your MaineCare Service will be reduced or taken away, and you do not agree with the decision, you have a right to appeal. You might appeal if the decision affects your health or safety, or if it means you will not receive services that are in your Person Centered Plan. You need to appeal within 10 days after you get the letter. If you do this your services will stay the same until the Appeal is decided.

How to file a grievance or Appeal – Your case manager can help you. The Disability Rights Center can also help you. Their phone numbers are listed below:

Cumberland, York

(207) -822-0321
1-800-269-5208
TTY- Maine Relay 711

Kennebec, Somerset

(207) 626-2774
1-800-452-1948
TTY: Maine Relay 711

Androscoggin, Franklin, Oxford

(207)-795-4538
1-800-482-7517
TTY-Maine Relay 711

Knox, Lincoln, Sagadahoc, Waldo

(207) 596-4363
1-800-432-7802
TTY Maine Relay 711

Hancock, Penobscot, Piscataquis, Washington

(207)-561-4113
1-800-432-7825
TTY-Maine Relay 711

Aroostook

(207)-493-4129
1-800-432-7366
TTY- Maine Relay 711

Disability Rights Center of Maine

(207)-626-2774
1-800-452-1948
advocate@drcme.org